

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Ending Spending Action Fund

ADDRESS (number and street)

610 S. Boulevard

☐ Check if different than previously reported. (ACC)

Tampa

FL

33606

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489856

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer

Nancy H. Watkins

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ending Spending Action Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">3059.03</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">1242072.40</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">80929.79</span>	<span style="border: 1px solid black; padding: 2px;">24015113.03</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">1323002.19</span>	<span style="border: 1px solid black; padding: 2px;">24018172.06</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1071900.04</span>	<span style="border: 1px solid black; padding: 2px;">23767069.91</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">251102.15</span>	<span style="border: 1px solid black; padding: 2px;">251102.15</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

## **Ending Spending Action Fund**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
11 25 2014

To:

M M / D D / Y Y Y Y  
12 31 2014

### I. Receipts

#### COLUMN A Total This Period

#### COLUMN B Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

77236.84

23910393.08

(ii) Unitemized .....

0.00

1027.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

77236.84

23911420.08

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

77236.84

23911420.08

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

3692.95

3692.95

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

100000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

80929.79

24015113.03

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

80929.79

24015113.03

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	49891.94	371497.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	49891.94	371497.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	160000.00
24. Independent Expenditures (use Schedule E) .....	372008.10	22585472.28
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	650000.00	650100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	650000.00	650100.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1071900.04	23767069.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1071900.04	23767069.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	77236.84	23911420.08
34. Total Contribution Refunds (from Line 28(d)) .....	650000.00	650100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	-572763.16	23261320.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	49891.94	371497.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3692.95	3692.95
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	46198.99	367804.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

## **A. Ending Spending, Inc.**

Mailing Address 815 Slaters Lane

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

272498.79

Date of Receipt

12 / 19 / 2014

Transaction ID : SA11AI.6258

Amount of Each Receipt this Period

9021.55

In-kind - legal fees

Full Name (Last, First, Middle Initial)

## **B. Ending Spending, Inc.**

Mailing Address 815 Slaters Lane

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

290714.08

Date of Receipt

12 / 31 / 2014

Transaction ID : SA11AI.6263

Amount of Each Receipt this Period

18215.29

In-kind - admin-travel/meetings

Full Name (Last, First, Middle Initial)

## **C. Paul Singer**

Mailing Address 40 W. 57th Street, 30th Floor

City

New York

State

NY

Zip Code

10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Elliott Management Corp.

c.e.o.

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200000.00

Date of Receipt

11 / 25 / 2014

Transaction ID : SA11AI.6239

Amount of Each Receipt this Period

50000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

77236.84

77236.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Ending Spending Action Fund**

Full Name (Last, First, Middle Initial)

## **A. Neylan & Partners**

Mailing Address 9401 Brookmay Court

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3692.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2014

Transaction ID : SA15.6261

Amount of Each Receipt this Period

3692.95

refund-media placement

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3692.95

3692.95

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Ending Spending Action Fund

### A. DDC Advocacy

Date of Disbursement

Mailing Address 805 15th Street, N.W.  
Suite 300

City	State	Zip Code
Washington	DC	20005

Transaction ID : SB21B.6257

Purpose of Disbursement	travel

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B. Ending Spending, Inc.**

Date of Disbursement

Mailing Address 815 Slaters Lane

M M / D D / Y Y Y Y  
12 19 2014

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : SB21B.6259

Purpose of Disbursement	
In-kind - legal fees	

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

**C. Ending Spending, Inc.**

Date of Disbursement

Mailing Address 815 Slaters Lane

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : SB21B.6264

Purpose of Disbursement
In-kind - admin-travel/meetings

Amount of Each Disbursement this Period

Candidate Name \_\_\_\_\_

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

29102.57



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

**A. Robert Watkins & Company**

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement  
accounting services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

Transaction ID : SB21B.6262

Amount of Each Disbursement this Period

20734.37
----------

Full Name (Last, First, Middle Initial)

**B. The Bank of Tampa**

Mailing Address P. O. Box 1

City	State	Zip Code
Tampa	FL	33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2014

Transaction ID : SB21B.6240

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. The Bank of Tampa**

Mailing Address P. O. Box 1

City	State	Zip Code
Tampa	FL	33601

Purpose of Disbursement  
service charge

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2014

Transaction ID : SB21B.6241

Amount of Each Disbursement this Period

20.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20769.37
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

Full Name (Last, First, Middle Initial)

**A. The Bank of Tampa**

Mailing Address P. O. Box 1

City  
TampaState  
FLZip Code  
33601Purpose of Disbursement  
service charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:              District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2014

Transaction ID : SB21B.6243

Amount of Each Disbursement this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:              District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:              District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

49891.94



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 12 OF 13  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Ending Spending Action Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489856		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Basswood Research</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <b>11 / 30 / 2014</b>		
Mailing Address 4550 Montgomery Avenue North Tower, Suite 906			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12660.00</div>		
City <b>Bethesda</b>		State <b>MD</b>	Zip Code <b>20814</b>		
Purpose of Expenditure research		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Transaction ID : <b>SE.6245</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <b>11 / 26 / 2014</b>	
Name of Federal Candidate <b>Mary L. Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1189322.16</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff		
Full Name of Payee <b>Madison McQueen LLC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <b>12 / 02 / 2014</b>		
Mailing Address 135 Richmond Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15000.00</div>		
City <b>La Segundo</b>		State <b>CA</b>	Zip Code <b>90245</b>		
Purpose of Expenditure media production		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Transaction ID : <b>SE.6254</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <b>12 / 02 / 2014</b>	
Name of Federal Candidate <b>Mary L. Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1221320.26</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27660.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Nancy H. Watkins</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <b>01 / 30 / 2015</b>		

[Electronically Filed]

Full Name of Payee <b>Mentzer Media Services, Inc.</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 30 / 2014</div> </div>	
Mailing Address 600 Fairmount Avenue, #306		Amount <div> <div></div> <div>327350.00</div> </div>	
City Towson	State MD	Zip Code 21286	<b>Transaction ID : SE.6246</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 25 / 2014</div> </div>
Purpose of Expenditure media placement		Category/ Type	
Name of Federal Candidate Mary L. Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1176662.16</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► <u>Runoff</u>

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	344348.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	372008.10

Signature